

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/540028

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
	IND.		DEP.		IND.			IND.		DEP.		IND.			
	1							51							
2								52							
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48								98							
49								99							
50								100							
TOTAL IND.								4							
TOTAL DEP.								21							
TOTAL CLAIMS								25							